

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Rodney

First name

Lee

Middle name

Ryan

Last name and Suffix (Sr., Jr., II, III)

Jill

First name

Colleen

Middle name

Ryan

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4085

xxx-xx-4041

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) _____

Business name(s) _____

EINs _____

EINs _____

5. Where you live

**2812 Jean Avenue
Racine, WI 53404**

Number, Street, City, State & ZIP Code

Racine

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.
- | | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
☐ Yes.
- | | | | |
|-----------------------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

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- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.												
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.												
	16c. State the type of debts you owe that are not consumer debts or business debts _____ _____												
<hr/>													
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes												
<hr/>													
18. How many Creditors do you estimate that you owe?	<table border="0"><tr><td><input checked="" type="checkbox"/> 1-49</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 25,001-50,000</td></tr><tr><td><input type="checkbox"/> 50-99</td><td><input type="checkbox"/> 5001-10,000</td><td><input type="checkbox"/> 50,001-100,000</td></tr><tr><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> More than 100,000</td></tr><tr><td><input type="checkbox"/> 200-999</td><td></td><td></td></tr></table>	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000											
<input type="checkbox"/> 200-999													
<hr/>													
19. How much do you estimate your assets to be worth?	<table border="0"><tr><td><input checked="" type="checkbox"/> \$0 - \$50,000</td><td><input type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											
<hr/>													
20. How much do you estimate your liabilities to be?	<table border="0"><tr><td><input type="checkbox"/> \$0 - \$50,000</td><td><input type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input checked="" type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											

Part 7: Sign Below

For you	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <p>/s/ Rodney Lee Ryan Rodney Lee Ryan Signature of Debtor 1</p> <p>Executed on October 11, 2019 MM / DD / YYYY</p>
	<p>/s/ Jill Colleen Ryan Jill Colleen Ryan Signature of Debtor 2</p> <p>Executed on October 11, 2019 MM / DD / YYYY</p>

Debtor 1 **Rodney Lee Ryan**
Debtor 2 **Jill Colleen Ryan**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ ABRAHAM MICHELSON _____ Date **October 11, 2019**
Signature of Attorney for Debtor MM / DD / YYYY

ABRAHAM MICHELSON _____
Printed name

MICHELSON LAW OFFICE _____
Firm name

P.O. BOX 67
617 - 6TH STREET
RACINE, WI 53401-0067 _____
Number, Street, City, State & ZIP Code

Contact phone **262-638-8400** _____ Email address **amichelson@michelsonlawracine.com**

1054794 WI _____
Bar number & State

Account Resolution Services/ARS
PO Box 459079
Sunrise, FL 33345-9079

Advanced Pain Management
Attn: Bankruptcy
P.O. Box 78599
Milwaukee, WI 53278-0599

Alliance Collection Agencies
Attn: Bankruptcy
PO Box 1267
Marshfield, WI 54449

Alliant Physical Therapy Group
1300 South Green Bay Road
Racine, WI 53406

AMCOL Systems, Inc.
PO Box 21625
Columbia, SC 29221

Americollect, Inc.
P.O.Box 1566
1851 S. Alverno Road
Manitowoc, WI 54221-1566

Anesthesiology Associates of Wisconsin
225 S. Executive Drive
Brookfield, WI 53005-4266

Ascension Speciality Care
Attn: Bankruptcy
400 W. River Woods Parkway
Milwaukee, WI 53212

Aurora Health Care
Attn. Collections
P.O.Box 343910
Milwaukee, WI 53234

Aurora Medical Group
Attn: Collections
P.O. Box 343910
Milwaukee, WI 53234

Avio Credit, Inc.
3527 N. Ridge Road
Wichita, KS 67205

Capital One Bank USA NA/Menards
General Correspondence/Bankruptcy
P.O. Box 30285
Salt Lake City, UT 84130-0285

CBE Group Inc.
1309 Technology Parkway
Cedar Falls, IA 50613

Central Collection Corporation
3055 N. Brookfield Road, Suite 31
Brookfield, WI 53045

ChexSystems
Attn: Consumer Relations
7805 Hudson Road, Ste. 100
Woodbury, MN 55125-1595

Comprehensive Orthopaedics S.C.
Attn: Bankruptcy
7401 - 104th Avenue, Suite 110
Kenosha, WI 53142-7845

Credit Management Control
Attn: Bankruptcy Dept.
PO Box 118288
Carrollton, TX 75011-8288

Dobberstein Law Firm, LLC
225 S. Executive Drive, Suite 201
Brookfield, WI 53005

Early Warning Services
16552 North 90th Street #100
Scottsdale, AZ 85260

Emergency Medicine of Racine, S.C.
6681 County Club Drive
Golden Valley, MN 55427

Emergency Medicine Specialists
Attn: Bankruptcy
PO Box 26428
Milwaukee, WI 53226

Equifax Information Services LLC
P.O. Box 740256
Atlanta, GA 30374-0256

Leandro Espinoza, M.D.
c/o Aurora Medical Center
10400 - 75th Street
Kenosha, WI 53142

Experian
Attn: Bankruptcy
955 American Lane
Schaumburg, IL 60173-4983

Fortune & McGillis
1300 S. Green Bay Road, #302
Racine, WI 53406

Froedtert South
Attn: Bankruptcy
6308 - 8th Avenue
Kenosha, WI 53143

Gray & Associates
Attorneys at Law
16345 West Glendale Drive
New Berlin, WI 53151

Neil Guenther M.D.
c/o Aurora Cardiovascular Services
2901 W Kinnickinnic River Pkwy Ste. 3
Milwaukee, WI 53215

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Joints In Motion
1343 E. Wisconsin Avenue, Suite 112
Pewaukee, WI 53072

Farzad Kamrani M.D.
Ascension Medical Group
3201 S. 16th Street, Ste. 2007
Milwaukee, WI 53215

MH Imaging Racine
P.O. Box 44651
Racine, WI 53404

Midwest Physician Anesthesia Services
c/o Michael Lattos, PA
225 S. Executive Drive
Brookfield, WI 53005-4257

Midwest Physicians Anesthesiology
Services, SC
Attn: Bankruptcy
BIN 88871
Milwaukee, WI 53288-0001

Midwest Recovery Systems
PO Box 899
Florissant, MO 63032

Milwaukee Radiologists, LTD
Attn: Bankruptcy
39856 Treasury Center
Chicago, IL 60694-9800

Motor Credit Corp.
2823 Lathrop Ave.
Racine, WI 53405

North Shore Pathologists
PO Box 769
Waukesha, WI 53187-9810

OAC
Attn: Bankruptcy
PO Box 500
Baraboo, WI 53913-0500

Oliver Adjustment Co. of Racine/Kenosha
3416 Roosevelt Road.
Kenosha, WI 53142-3937

Optum
11000 Optum Circle
Eden Prairie, MN 55344

PNC Bank N.A.
Attn: Bankruptcy
3232 Newmark Drive
Miamisburg, OH 45342

Branko Prpa, MD, LLC
c/o Aurora Health Care
Attn. Collections
P.O.Box 343910
Milwaukee, WI 53234

Dr. Jeffrey S. Quitana, MD
c/o Wheaton Franciscan Med. Group
3811 Spring Street, Ste. 301
Racine, WI 53405

Racine Anesthesia Services, LLC
Attn: Bankruptcy
PO Box 1123
Minneapolis, MN 55440-1123

Rose Wickman
2602 - 6 Mile Road
Racine, WI 53402

Dr. Raymond Rybicki
c/o Consultants in Neurology
3805B Spring Street, Suite 120
Racine, WI 53405

Steven A. Gianforte
1250 Princess Drive
Lake Havasu City, AZ 86406

TeleCheck, Inc.
Attn: Bankruptcy Department
P.O. Box 4451
Houston, TX 77210-4451

Time Warner Cable n/k/a Spectrum
Attn: Bankruptcy
400 Atlantic Street, Ste. 6
Stamford, CT 06901-3533

Tom and Judy Ryan
1414 Michigan Blvd.
Racine, WI 53402

Trans Union Corporation
P.O. Box 2000
Crum Lynne, PA 19022-2002

Anil Tumu M.D.
c/o Aurora Medical Group Inc.
2900 W Oklahoma Avenue
Milwaukee, WI 53215

United Hospital Systems
Kenosha Hospital & Medical Center
6308 - 8th Avenue
Kenosha, WI 53143

Wakefield & Associates
Attn: Bankruptcy
PO Box 50250
Knoxville, TN 37950-0250

Anjuna Thakkar Walsh
c/o Aurora Medical Center
10400 - 75th Street
Kenosha, WI 53142

Wheaton Franciscan Medical Group
Attn: Bankruptcy
400 W. River Woods Parkway
Glendale, WI 53212

Wheaton Franciscan/Ascension Wisconsin
Attn: Bankruptcy
400 W. River Woods Parkway
Milwaukee, WI 53212

Wisconsin Dept. of Revenue
Special Procedures Unit
P.O. Box 8901
Madison, WI 53708-8901

Wisconsin Specialty Surgery Center
7401 - 104th Avenue, Suite 100
Kenosha, WI 53142

Woods Family Practice LLC
5401 Spring Street
Racine, WI 53406